

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
1	Indep	Depend	Indep	Depend	Indep	Depend	51					
2							52					
3		1					53					
4							54					
5							55					
6		1					56					
7							57					
8	1						58					
9		1					59					
10		1					60					
11							61					
12							62					
13		1					63					
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26							76					
27							77					
28		1					78					
29		1					79					
30		1					80					
31	1						81					
32		1					82					
33							83					
34			1				84					
35	1						85					
36		1					86					
37		1					87					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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